

**Home Visiting Task Force Sustainability Workgroup
Conference Call
January 16th, 2014**

Meeting Minutes

Attendees: Dan Harris, Liz Heneks, Karen Kalajian, Teresa Kelly (co-chair), Chelsea Pearsall, Anna Potere, Lesley Schwartz, Mike Shaver (co-chair), Nancy Shier, Penny Smith, Jay Young

I. **December 19th meeting minutes:** approved with no changes.

II. **Update on Medicaid Financing for Home Visiting**

- a. A small representative group (Mike Shaver, Teresa Kelly, Nancy Shier, Nancy Radner, and Anna Potere) met with HFS Director Hamos and Arvind Goyal, Medical Director, regarding the possibility of opening up the state plan to expand home visiting through Medicaid funding.
- b. Director Hamos asked us to prepare data and a conversation with managed care entities to help them understand how home visiting is a benefit because the advent of managed care means that entities will be interested in our ability to serve this specific population. She also asked us for a synopsis of examples of other states who have done this, data showing the positive outcomes of home visiting in Illinois, and for information on what would allow a home visitor to bill Medicaid.
- c. We presented a request to discuss policy and the possibility of a lockbox to capture revenue generated by billing Medicaid so that it goes back into home visiting programs.
- d. Director Hamos explained that home visiting is not in the State's 1115 Medicaid waiver because the waiver is targeted at services that have never been part of the Medicaid system, but there are some components of home visiting that are already Medicaid-billable.
- e. A question was raised regarding how this might impact the existing governance structure for home visiting, i.e. how the funding would flow and how the contractual relationships would work. We want to ensure that we preserve and build upon the existing infrastructure, by having managed care entities contract with home visiting programs in addition to the contracts that home visiting programs already have with DHS or ISBE.
- f. Even in a managed care state like New York where the bulk of benefits are offered through a managed care plan, those that met the criteria for TCM under this target group were able to get TCM as a Medicaid service. New York has a similar proposal in their 1115 waiver to include EBHV programs.
- g. Next Steps:
 - i. Anna will follow up with Chelsea and Karen from NFP to learn more about New York's waiver, as it has been cited as an example for Illinois.
 - ii. The workgroup should consider whether we want to continue to advocate for home visiting services to be included in the State's 1115 Medicaid waiver application.

III. **Other Sustainable Financing Strategies**

- a. Regarding exploring the potential for philanthropic funding for home visiting, we must be sensitive to existing individual relationships between philanthropy and providers.
- b. Also, to date the message from philanthropic partners has been that they do not want to provide sustainable funding for something that is government-funded.

IV. **Meeting Frequency:** the workgroup agreed to meet every other month, instead of every month.